



Cranston Police Department

General Order 320.70

SECTION	EFFECTIVE DATE	PAGES
300 – Law Enforcement Operations	June 6, 2014	4
SUBSECTION	SPECIAL INSTRUCTIONS	
20 – Patrol Functions	N/A	
TITLE	CALEA STANDARD	
320.70 – Public Mental Health	41.2.7(a-e)	

I. Purpose

- a. To address the most common types of interactions with mentally ill persons, and provide guidance to department personnel in dealing with such individuals.

II. Policy

- a. It is the policy of the Cranston Police Department to ensure a consistently high level of service is provided to all community members and to afford people who have mental illnesses the same rights, dignity, and access to police and other government and community services as are provided to all citizens.

III. Authority

- a. United States Constitution
- b. Constitution of Rhode Island and Providence Plantations
- c. Federal Law
- d. State Law
- e. The Chief of Police is vested by and subject to the provisions of the City Charter and the laws of the State of Rhode Island, with the authority to approve, issue, modify, or rescind all departmental general orders, special orders, personnel orders, and memoranda.

IV. Procedures

- a. Recognizing mental illness.
 - i. Officers are not in a position to diagnose mental illness but must be alert to common symptoms.
 - ii. Symptoms of mental illness may vary, but all mentally ill persons have thoughts, feelings, or behavioral characteristics which result in an inability to cope with the ordinary demands of life.
 - iii. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen.
- b. Common encounters
 - i. Officers should be prepared to encounter a person with a mental illness at any time.
 - ii. Common situations in which such individuals may be encountered include but are not limited to, the following:
 1. Mentally ill persons may be found in medical emergency situations;

2. Disturbances may develop when caregivers are unable to maintain control over mentally ill persons engaging in self-destructive behaviors;
3. Individuals with mental challenges may be found wandering aimlessly or engaged in repetitive or bizarre behaviors in a public place;
4. Repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment;
5. Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with the mentally ill person who are not conscious of acceptable social behaviors.

C. Response to people with perceived mental illness

- i. Persons with mental illness can be easily upset and may engage in tantrums or self-destructive behavior.
 1. Minor changes in daily routines may trigger these behaviors.
- ii. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- iii. The following guidelines detail how to approach and interact with people who may have mental illness, and who may be a crime victim, witness or suspect.
 1. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations.
 2. While protecting their own safety, the safety of the person with mental illness and others at the scene, the officer should:
 - a. Speak calmly;
 - b. Use non-threatening body language;
 - c. Eliminate commotion;
 - d. Look for personal identification:
 - i. Medical tags or cards often indicate mental illness and will supply a contact name and telephone number;
 - e. Call the caregiver;
 - f. Prepare for a lengthy interaction;
 - g. Be attentive to sensory impairments;
 - h. In some situations and particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues;
 - i. Be aware of different forms of communication. Mentally ill individuals often use signals or gestures instead of words or demonstrate limited speaking capabilities;
 - j. Don't get angry;
 - k. Maintain a safe distance.
- iv. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate disposition. These options include the following:
 1. Refer or transport the person for medical attention if he or she is injured or abused.
 2. Outright release.
 3. Release to care of family, care giver or mental health provider.
 4. Refer or transport to substance abuse services.
 5. Assist in arranging voluntary admission to a mental health facility if requested.
 6. Transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
 7. Arrest if a crime has been committed

d. Interview & Interrogation

- i. Officers attempting to conduct an interview with a mentally ill individual should consult a mental health professional to determine if the person understands the Miranda rights.
 - 1. If the mentally ill person is a witness, officers should:
 - a. Not interpret lack of eye contact or strange actions as indications of deceit;
 - b. Use simple and straightforward language;
 - c. Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions.
- e. Custody
 - i. If an individual with a mental, emotional, or psychological illness is taken into custody, officers will make reasonable effort to use the least restraint possible and protect the arrestee from self-injury, while taking all necessary precautions.
 - ii. In a misdemeanor incident where an individual is apparently mentally ill, officers may seek non-arrest resolutions.
 - 1. The most desired resolution being voluntary admission to an appropriate mental health facility.
 - 2. When public safety is at issue, officers will follow RI General Law, regarding involuntary emergency evaluation:
 - a. Refer to RIGL 40.1-5-7.
- f. Voluntary admission
 - i. Persons who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to themselves or others should be referred to a mental health facility.
 - ii. Persons who have been or are under the care of a private physician should be referred to the physician if possible.
 - iii. Persons, who voluntarily agree to psychiatric evaluation, will be taken to Rhode Island Hospital or another appropriate facility.
- g. Involuntary admission
 - i. A higher level of law enforcement intervention will be required when officers encounter the following scenarios:
 - 1. The person is imminently dangerous to him/herself or others.
 - 2. The person is unable to care for him/herself
 - 3. The person is suffering substantial physical deterioration and shows an inability to function if not treated immediately.
 - ii. Officers can respond with the most appropriate of the following alternatives for involuntary admissions to a psychiatric hospital:
 - 1. Police officers, who have personally observed the actions of the individual and have reason to believe that the person is in clear and imminent danger of causing personal harm to him/herself or others, will ensure the individual is evaluated,. The normal procedure will be to have rescue transport the individual.
 - 2. Rhode Island Hospital is the primary hospital, however rescue personnel may make the determination to which hospital the patient is ultimately transported.
 - 3. Rescue personnel should be informed of the observations of the officer that lead to the evaluation request.
 - 4. Police and rescue personnel should work together to determine the best course of police involvement in the transport.
 - iii. The officer must complete an incident report detailing the circumstances of the event(s) they observed, which led to the involuntary admission evaluation.

V. Training

- a. Cranston Police Department will provide entry level personnel with training on this subject, and will provide refresher training at least every three (3) years.

- b. Newly hired personnel will receive training in department procedures set forth in this General Order as part of their entry level training.
- c. Refresher training for all personnel will include, but not be limited to: policy review during staff meetings, roll call training, and in-service programs.

VI. Responsibility

- a. It is the responsibility of all personnel to familiarize themselves and comply with this order.

Digitally signed by Sgt. Matthew J. Kite, I.P.D.
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